

OIL CONSERVATION DIVISION

P. O. BOX 2400

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS3072/W
6-22-84

APPROVED	
RECEIVED	
DATE	
FILE	
U.S.O.G.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION OFFICE	
Operator	

Hixon Development Company

P.O. Box 2810, Farmington, New Mexico 87499

Person(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

RECEIVED
JUN 13 1984If change of ownership give name
and address of previous ownerOIL CON. DIV.
DIST. 3

DESCRIPTION OF WELL AND LEASE

Lease Name	Unit	Well No.	Pool Name, including Formation	Kind of Lease	Navajo	Lease No.
Central Bisti Lower Gallup		95	Bisti Lower Gallup	State, Federal or Fee		14-20- 603-321
Location						
Unit Letter	L	1730'	Feet From The	South	Line and	330'
			Feet From The	West		
Line of Section	4	Township	25 North	Range	12 West	NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Ciniza Pipeline	P.O. Box 940, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	5	25N	12W	Yes	5/24/84

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4/17/84	5/10/84	4967'	4918'					
Elevations (DF, R&B, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6154.5' KB	Lower Gallup	4677'	4590'					
Perforations	Depth Casing Shoe							
4852'-4860', 4838'-4847', 4780'-4800'	4967'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" - 24#	257'	206.5 cubic feet
7 7/8"	5 1/2" - 15.5#	4959'	1812 cubic feet
	2 3/8"	4590'	

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed req. allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/10/84	5/24/84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours		100 psi	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	30	28	13

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.Bruce C. Delventhal
(Signature)

Petroleum Engineer

(Title)

June 6, 1984

(Date)

OIL CONSERVATION DIVISION

JUN 13 1984

APPROVED _____, 19____

BY _____ Original Signed by FRANK T. CHAVEZ

TITLE _____ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owner,
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multiply
completed wells.